

WASHINGTON STATE PARKS & RECREATION COMMISSION

AFFIDAVIT OF INCOME AND APPLICATION FOR PERMANENT LIMITED INCOME PASS

OFF	ICE USE ONLY			
PASS NO		DATE	ASSIGNED	
RNWL	LOST		INITIAL	

/we		and do he	reby swear under
		akdown listed below is a true and accurate statement of r liately preceding the date of this affidavit.	ny/our income for
DECLARATION OF COMBINED INCOME	1.	Total Social Security received for applicant, spouse, and co-tenant	d/or \$
for applicant, spouse, and co-tenant	2.	Total federal civil service, railroad, or military retirement.	\$
Report combined gross	3.	Veterans benefits	··· \$
annual income of yourself, spouse, and co-tenant for	4.	Total of other retirements, pensions, and annuities. \dots .	· · · · \$
the previous calendar year regardless of source. Do	5.	Total wages, tips and consulting fees	··· \$
not include income for dependent children unless	6.	Total unemployment, public assistance, or disability inco	ome. \$
they are co-tenants.	7.	Interest on state, federal, and municipal bonds	··· \$
A co-tenant is a person who resides with you AND	8.	All other interest received (savings, real estate contracts, et	tc.). \$
has an ownership interest in your residence. Social	9.	Total income from trusts, royalties, estates, and dividend	ds \$
Security income must be included, even if the applicant does not pay Federal Income Tax on this money.	10.	Total income from rentals, farm, partnerships, business.	Ψ
	11.	(sale of applicant's residence shall not Total capital gains considered as income if reinvested in a replacement residence within two year	a §
	12.	All other income.	
Proof of age and	13.	Combined income of applicant, spouse, and co-tenant (Add lines 1 - 12)	\$
residency must	14.	Less amounts paid for treatment, care, and/or drugs*	\$
accompany this document	15.	Total combined income of applicant, spouse, and/or co-tenant (\$35,000 limit)	\$
		treatment or care of either of you in the home or in a nursing practitioner authorized by the laws of this state or anoth	home OR (B) for drugs

prescriptions.

this application are false or inaccurate, I will lose the privileges granted by the Limited Income Senior Citizen Pass.							
	SIGNED DATE				State of Washington, County of		
1	BIRTHDATE AGE SOCIAL SECURIT			NI IDITV NII IMBED	I certify that I know of or have satisfactory evidence that		
	BIRTIDATE	AGL	SOCIAL SEC	JORITT NOMBER			
2	SIGNED DATE				signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.		
	BIRTHDATE	AGE	SOCIAL SEC	CURITY NUMBER	DATE		
MA	AILING ADDRESS				SIGNATURE OF NOTARY PUBLIC		
CITY/STATE/ZIP					TITLE		
TELEPHONE NUMBER					DATE APPOINTMENT EXPIRES		

INSTRUCTIONS (Please read carefully)

The Limited Income Senior Citizen Pass provides camping year-round at 50 percent off the overnight camping fee. To meet the eligibility requirements of the program you must be at least 62 years old, a Washington State resident, and have an annual income that does not exceed \$35,000, either singly or combined with a spouse or co-tenant. This includes Social Security income, even if the applicant does not pay income tax on it.

When the pass is issued it becomes a permanent pass, valid so long as the qualifying criteria continues to be met by the pass holder (i.e., you must remain a Washington State resident and your income cannot exceed the guidelines). A plastic card will be provided that will reflect the permanent status of the pass. It is the responsibility of the pass holder to return the pass to the Washington State Parks and Recreation Commission should they become ineligible.

In order to apply for a Limited Income Senior Citizen Pass, you will need to do the following by mail or in person at Olympia Headquarters:

- 1. Complete the affidavit of income form. Have it notarized only if you are using this form for income documentation or affidavit of age.
- 2. Provide proof of age and residency. Your Washington State Driver's License will provide both. A copy of a birth certificate, notarized affidavit of age, witnessed statement of age, or baptismal certificate may be used for proof of age. A copy of a valid Washington State Voter's Registration card or a Washington State Senior Citizen Property Tax Exemption may be used for proof of residency.
- 3. Provide documentation of your income breakdown by a copy of page one of your Federal Income Tax Return for the previous calendar year, or a copy of your Washington State Senior Citizen Property Tax Exemption. If you do not file a Federal Tax Return or have a Property Tax Exemption, the Affidavit of Income form we provide, once completed, notarized, and returned to us, will be acceptable in lieu of other income documentation for pass issuance.
- 4. You cannot hold dual residency in another state with Washington.

Only the above documentation will be accepted as proof for issuance of your pass. Because of the time lapse in imprinting the plastic cards, your new pass may take up to 30 days to reach you.

The information you provide is confidential and shall not be released by Washington State without your approval or a court order. Washington State Parks and Recreation Commission shall have the right and opportunity to examine your records as often as is reasonable to verify your eligibility for a pass. If any of the statements made on this application form are false or inaccurate, you will lose the privileges granted by the pass.

If you have questions, please call (360) 902-8500. Please complete the Affidavit of Income on the reverse and mail with the appropriate documentation to:

Washington State Parks and Recreation Commission 1111 Israel Road SW PO Box 42650 Olympia WA 98504-2650